



# 2017 Monthly Rate Sheet

Police Management Association Unit 23 Employees  
Cafeteria Plan Amount: \$1,746.00

<b>Medical</b>		<b>Monthly Premium Amount:</b>
HMO – Blue Shield <sup>1</sup>	<i>Employee Only</i>	\$ 890.56
	<i>Employee + 1</i>	\$ 1,772.83
	<i>Family</i>	\$ 2,302.20
HMO – Kaiser Permanente <sup>1</sup>	<i>Employee Only</i>	\$ 554.55
	<i>Employee + 1</i>	\$ 1,100.73
	<i>Family</i>	\$ 1,428.48
PPO – Blue Shield (80/60)	<i>Employee Only</i>	\$ 955.40
	<i>Employee + 1</i>	\$ 1,937.89
	<i>Family</i>	\$ 2,527.31
HRA – Blue Shield	<i>Employee Only</i>	\$ 673.79
	<i>Employee + 1</i>	\$ 1,339.21
	<i>Family</i>	\$ 1,738.49
HSA – Blue Shield	<i>Employee Only</i>	\$ 530.35
	<i>Employee + 1</i>	\$ 1,052.38
	<i>Family</i>	\$ 1,365.55
<b>Dental</b>		
DPO – Delta Preferred Option	<i>Employee Only</i>	\$ 56.70
	<i>Employee + 1</i>	\$ 100.36
	<i>Family</i>	\$ 160.86
HMO – DeltaCare USA	<i>Employee Only</i>	\$ 16.39
	<i>Employee + 1</i>	\$ 29.32
	<i>Family</i>	\$ 43.38
<b>Vision</b>		
Vision Service Plan	<i>Employee Only</i>	\$ 6.93
	<i>Employee + 1</i>	\$ 13.76
	<i>Family</i>	\$ 21.10
<b>Short Term Disability</b>		
Hartford Insurance	<i>Employee Only</i>	<i>Employee Paid</i> \$ 22.02
<b>Long Term Disability</b>		
Hartford Insurance	<i>Employee Only</i>	<i>City Paid</i> \$0.500/\$100 of salary

(See Reverse for Life Insurance Information)

<sup>1</sup> Enrollment in HMO medical plans is contingent on the enrollee's home or work address being within the applicable service area. Please consult the 2017 enrollment guides for more information.

Rates effective 1/1/2017 – 12/31/2017



# 2017 Monthly Rate Sheet

Police Management Association Unit 23 Employees

Cafeteria Plan Amount: \$1,746.00

Life Insurance	Coverage Amount	Cost																								
Basic Life with AD&D (Employee Only)	1x Annual Salary	City Paid (\$0.125 per \$1,000 of benefit)																								
Supplemental Life (Employee/Spouse)  A guaranteed issue amount of \$200,000 for an employee, \$30,000 for a spouse and \$10,000 for children applies when an employee first becomes eligible for coverage. Subsequent Supplemental Life increases may require medical approval.	Coverage is available in increments of \$10,000 up to a maximum of \$500,000 based upon the applicable age bracket.  Spouse coverage amount limited to the amount of supplemental life purchased for the employee.	Employee Paid  <table><tr><th>Age</th><th>Cost per \$10,000</th></tr><tr><td>0 – 29</td><td>\$ .68</td></tr><tr><td>30 – 34</td><td>\$ .86</td></tr><tr><td>35 – 39</td><td>\$ 1.24</td></tr><tr><td>40 – 44</td><td>\$ 1.90</td></tr><tr><td>45 – 49</td><td>\$ 3.14</td></tr><tr><td>50 – 54</td><td>\$ 5.24</td></tr><tr><td>55 – 59</td><td>\$ 8.46</td></tr><tr><td>60 – 64</td><td>\$ 11.12</td></tr><tr><td>65 – 69</td><td>\$ 17.48</td></tr><tr><td>70 – 74</td><td>\$ 30.88</td></tr><tr><td>75 +</td><td>\$ 51.50</td></tr></table>	Age	Cost per \$10,000	0 – 29	\$ .68	30 – 34	\$ .86	35 – 39	\$ 1.24	40 – 44	\$ 1.90	45 – 49	\$ 3.14	50 – 54	\$ 5.24	55 – 59	\$ 8.46	60 – 64	\$ 11.12	65 – 69	\$ 17.48	70 – 74	\$ 30.88	75 +	\$ 51.50
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Supplemental Life (Children)  Same rate applies to one or more.	<table><tr><td>\$ 2,000</td></tr><tr><td>\$ 5,000</td></tr><tr><td>\$ 10,000</td></tr></table>	\$ 2,000	\$ 5,000	\$ 10,000	Employee Paid  <table><tr><td>\$ 0.34</td></tr><tr><td>\$ 0.56</td></tr><tr><td>\$ 0.90</td></tr></table>	\$ 0.34	\$ 0.56	\$ 0.90																		
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(See Reverse for Medical, Dental, Vision and Disability Insurance Information)

This sheet highlights benefits under the City of Santa Barbara benefit program. It is not intended to help you choose the benefits that are best for you. This sheet does not include plan rules, details and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between Open Enrollment guide and the legal plan documents, the plan documents are the final authority.